



OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT

Complete this form ONLY if your accident is reportable under Oregon Law. The accident is reportable if it happened on a highway or premises open to the public, and resulted in any of the following: 1) More than \$1000 in damage to any one person's property; 2) Injury to any person (no matter how minor the injury); or, 3) the death of any person. (PLEASE PRINT)

ACCIDENT DATE	DAY OF WEEK M T W T H F S S N	TIME OF DAY AM PM	COUNTY	DO NOT WRITE IN THIS SPACE	Accident Number _____
ROAD ON WHICH ACCIDENT OCCURRED (Name of street, road or route)					MILE POST _____
<input type="checkbox"/> WITHIN _____ FEET N S E W NAME OF NEAREST INTERSECTING ROAD				<input type="checkbox"/> WITHIN _____ FEET N S E W NAME OF NEAREST CITY / TOWN	
<input type="checkbox"/> NEAR _____ MILES N S E W				<input type="checkbox"/> NEAR _____ MILES N S E W	

TYPE OF ACCIDENT - The accident involved one or more of the following: (Mark all that apply):

- | | | | | |
|---|-------------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> Two vehicles | <input type="checkbox"/> Fatality | <input type="checkbox"/> ATV / Snowmobile | <input type="checkbox"/> Train | <input type="checkbox"/> Animal |
| <input type="checkbox"/> More than two vehicles | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Parked vehicle | <input type="checkbox"/> Fixed object |
| | <input type="checkbox"/> Pedestrian | | <input type="checkbox"/> Overturned vehicle | <input type="checkbox"/> Other |

Were you covered by liability insurance at the time of the accident? ☐ YES ☐ NO If you do not complete ALL of this section your accident will be considered uninsured and your driving privileges may be suspended. You must list the insurance company that provided liability coverage for the vehicle you were driving. DMV will verify this information with the insurance company. If the insurance company denies the coverage, DMV will suspend your Oregon driving privileges.

DRIVER'S NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	SEX
DRIVER'S ADDRESS	CITY	STATE	ZIP CODE	<input type="checkbox"/> IF ADDRESS CHANGE
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE	
<input type="checkbox"/> SAME				
INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS	CITY	STATE	ZIP CODE	
POLICY NUMBER	VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR MAKE & MODEL

Was your vehicle's damage: ☐ more than \$1000 or ☐ \$1000 or less?

- | | | |
|---|------------------------------|-----------------------------|
| Did the accident occur while you were driving your employer's vehicle? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Were you driving on your job and being paid for the principal purpose of driving? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Were you being paid to drive and/or deliver persons or property? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Were you operating a government owned vehicle marked for transporting mail in accordance with government rules? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Were you operating an authorized emergency vehicle? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Were you operating a commercial motor vehicle requiring you to have a commercial driver license? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a) Were you transporting hazardous material? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

DRIVER'S NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	SEX
DRIVER'S ADDRESS	CITY	STATE	ZIP CODE	
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE	
<input type="checkbox"/> SAME				
INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS	CITY	STATE	ZIP CODE	
POLICY NUMBER	VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR MAKE & MODEL

IF ADDITIONAL VEHICLES WERE INVOLVED IN THE ACCIDENT, ATTACH A SUPPLEMENTAL REPORT.

DESCRIBE WHAT HAPPENED:

RECEIPT - Attached is a PINK courtesy copy of your report. After you have completed both sides of the form, tear the pink copy off for you. If you wish to have a complete copy of your report (front and back), you will need to make a copy for your records.

PURSUANT TO OREGON INSURANCE LAW, AN INSURANCE COMPANY CAN NOT REQUIRE REPAIRS BE MADE TO A MOTOR VEHICLE BY A PARTICULAR PERSON OR REPAIR SHOP.

NOTE TO COMMERCIAL MOTOR VEHICLE OPERATORS: In addition to this report, Oregon Law requires Form

I certify all information given on this report is true and accurate to the best of my knowledge.

SIGNATURE OF PERSON MAKING REPORT

DATE SIGNED